



BUREAU OF NARCOTICS & DANGEROUS DRUGS

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Pseudoephedrine Database Update

The proposed rules were published in the *Missouri Register* on August 2, 2010. The emergency rule went into effect September 28, 2010. This gives the department authority to begin the database process and implementation. The contractor, Appriss, Inc, states that the database should be almost fully implemented and operational in late December 2010. There are 1,300 pharmacies that have to be enrolled and uploaded into the system, along with law enforcement officers. Eight regional training classes will be held the first two weeks of November. All pharmacies should be receiving informational letters from Appriss. They were mailed out on September 24, and were sent in envelopes and on letterhead from the Department of Health and Senior Services. This is a building and implementation process.

New Registration Database

The BNDD is in the process of designing and building a new database system to issue controlled substance registrations. Legislation enacted in 2008 allowed the department to begin registering some mid-level practitioners. The BNDD has partnered with the Office of Primary Care and Rural Health (OPCRH) to move the project forward. Each year, this OPCRH must obtain statistical information from healthcare providers to help the department identify healthcare provider shortfalls. The BNDD and OPCRH will combine efforts so that each year when practitioners apply for a new BNDD registration, they can simultaneously submit their data to the OPCRH annual survey. In addition to applying for a BNDD registration and completing their annual survey simultaneously, the new online system will allow registrants to apply online, click to pay with a credit card, and update names and addresses over the internet. The contractor estimates the system will take approximately one year to design, build, test, and fully implement. At the same time, the BNDD must amend some existing rules regarding new registration application procedures.

Incomplete Prescriptions Cause Delays

Practitioners are reminded that prescriptions must document all of the information required by law or a pharmacy cannot dispense them. Incomplete prescriptions cause delays in patient care. This has most recently been address in the long-term care industry. LTCF patients receive medications from prescriptions and not "orders." Complete prescriptions with all required elements must be provided to the pharmacies.



Reminder—There are not separate rules for LTC pharmacies

The state and federal regulations for pharmacies are the same for all pharmacies. There are no separate rules or exceptions for long-term-care pharmacies. LTC pharmacies are required to follow the same laws as retail pharmacies. Controlled substances are dispensed based upon prescriptions and not orders. These prescriptions must meet all the requirements and documentation of a prescription. There must be a separate filing system for prescriptions for Schedule II, Schedule III—V, and non-controlled drugs.

BNDD has met with several LTC pharmacies and discovered that some LTC pharmacies are operating similar to hospital pharmacies treating in-patients. Medications are handled like orders and files maintained by facility name. The BNDD has provided educational information in these cases to help pharmacies become compliant.

During these visits, the BNDD did not address the issue of “nurses as agents” in LTCF settings. The DEA recently underwent a public comment period regarding this issue and the DEA has agreed to go back and review the “nurses as agents” situation. The issues BNDD found in LTC pharmacies were not related to “nurses as agents” but related to controlled substance medications being dispensed when prescribed by non-registrants, incomplete prescriptions, lack of physicians’ signatures on faxes, and how the prescriptions were filed within the pharmacy.

Pharmacists’ Manual—2010

The DEA has recently updated their Pharmacists’ Manual. You can view the manual on-line or print a copy. Visit the DEA website at www.deadiversion.usdoj.gov and click on the link to Info & Legal Resources. There you can view published manuals. This is an excellent site to have bookmarked as a favorite on your computer!

Color of Ink is Not Defined

The BNDD has recently received telephone calls regarding requirements that prescriptions be written in a specified color of ink. The Missouri statutes and regulations and the DEA regulations under 21 CFR 1306.05(a) only states that prescriptions may be issued in ink, indelible pencil or a typewriter. A specific color of ink is not addressed.

ONDCP Press Release—September 22, 2010

OBAMA ADMINISTRATION OFFICIALS URGE IMMEDIATE ACTION TO REDUCE PRESCRIPTION DRUG DIVERSION, ABUSE

White House Drug Policy Director Gil Kerlikowske Highlights Public Health and Safety Challenges of the Prescription Drug Abuse Epidemic Before Congressional Caucus on Prescription Drug Abuse

WASHINGTON—Today, Gil Kerlikowske, Director of National Drug Control Policy (ONDCP), called attention to the increasing severity of the Nation's prescription drug abuse epidemic and outlined the Obama Administration's plan to prevent and reduce prescription drug abuse during his remarks at the Congressional Caucus on Prescription Drug Abuse. He also commended Representatives Mary Bono Mack (R-45th CA), William Delahunt (D-10th MA), and Hal Rogers (R-5th KY) for their leadership in creating the Congressional Caucus on Prescription Drug Abuse, and called for a concerted Federal response to this important issue.

Last week, Director Kerlikowske joined the Substance Abuse and Mental Health Services Administration (SAMHSA) to release the *2009 National Survey on Drug Use and Health* (NSDUH). The survey reports an estimated 21.8 million Americans (8.7%) aged 12 or older were current (past month) users of illicit drugs in 2009; an increase of 9 percent from 20.1 million in 2008 (8.0%).

Particularly troubling are increases in the non-medical use of prescription drugs. For people 12 and older, the 2009 estimate of 5.3 million current nonmedical users is up 20% from the 2002 estimate of 4.4 million. Additionally, non-medical users of prescription drugs outnumber new users in any other class of drugs. Of the 2.6 million new users in 2009, 2.2 million were non-medical users of prescription pain relievers.

"The 2009 NSDUH data highlight how serious a threat to public health we face from the abuse of prescription drugs," said Director Kerlikowske. "The Congressional leaders responsible for today's forum come from both sides of the aisle, because prescription drug abuse crosses all party lines, income levels, and races. The response to this issue will require collaboration from us all."

The 2010 *National Drug Control Strategy* outlines several steps to address what Director Kerlikowske calls "the fastest-growing drug problem in the United States." They include:

- Increasing prescription drug return, take-back, and disposal programs. Prescription drugs that are commonly abused are often found in the family medicine cabinet, and individuals should dispose of unused or expired prescription drugs to prevent diversion and abuse.
- Educating prescribers about opiate painkiller prescribing. The Administration's FY 2011 Budget request proposes funding for a program to train prescribers on how to instruct patients in the proper use and disposal of painkillers, to observe signs of dependence, and to use prescription drug monitoring programs to detect when individuals are going from doctor-to-doctor ("doctor shopping") in search of prescriptions.
- Public education about the dangers of prescription drug abuse. Many people mistakenly believe that prescription drugs are safer to misuse than other illegal drugs, simply because they are prescribed by a doctor. It is important that parents educate their children about the dangers inherent in misusing prescription drugs.
- Expansion and enhancement of prescription drug monitoring programs. Currently, these programs operate in 34 states. The Administration supports establishment of monitoring programs in every state, and is seeking to ensure new and existing monitoring programs effectively use the data they acquire and share information across state lines.
- Assisting states in addressing doctor shopping and pill mills. Criminal organizations have established thriving businesses of transporting people to states with little regulation to obtain prescription drugs from multiple doctors or from pill mills, which distribute drugs indiscriminately. Federal, state, local, and tribal authorities are working together to address this problem.
- Driving illegal internet pharmacies out of business.
- Cracking down on rogue pain clinics that do not follow appropriate prescription practices.

The *National Drug Control Strategy* provides a blueprint for reducing prescription drug abuse. Parents, law enforcement, the medical community, and all levels of government have a role to play in reducing prescription drug abuse.

Online Education Being Prepared

The BNDD, along with professional associations, and state licensing boards have discussed a need for more education concerning controlled substance laws and requirements. The groups are working together to implement on-line educational opportunities. The BNDD is preparing the following information:

- A link to the updated controlled substance statutes, as revised after August 28, 2010;
- A link to controlled substance regulations;
- A link to the home pages of state licensing boards, the BNDD and the DEA;
- Updates to BNDD educational handouts and materials;
- A true/false and multiple choice exam for practitioners based upon their licensure and activity type;

The BNDD will prepare these materials and provide them to state associations. The associations, at their discretion, can upload the materials to their websites for practitioners to review, study and participate in an online test for possible CME credit. These websites, tests, and CME credits would be handled through the associations.



National Red Ribbon Week celebrating drug free lifestyles is scheduled for the last week of October. We encourage all healthcare providers to actively participate with the youth in their communities to encourage these healthy and life-impacting decisions.